

NOTICE OF INDEPENDENT REVIEW DECISION

August 9, 2002

RE: MDR Tracking #: M2-02-0548-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 40 year old male sustained a work related injury on ___ when he tripped over a curb, twisting his left ankle and back. The patient was diagnosed with strain of the lumbar and thoracic spine. The patient has undergone x-rays, MRI, cryotherapy, neuro-muscular stimulation (NMS), chiropractic care, occupational therapy (OT), pain medication, sacroiliac joint injections, and psychological evaluation. The treating chiropractor has recommended that the patient undergo a work hardening program.

Requested Service(s)

Work hardening program

Decision

It is determined that the work hardening program is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation supports the fact that the patient had an injury to the thoracic spine, lumbar spine, and ankle and was treated with chiropractic care, cryotherapy, NMS, OT, sacroiliac injections, and psychological evaluation. The patient's functional capacity evaluation (FCE) dated 12/28/01 demonstrated deficits amenable to a work hardening program.

The most common condition treated by work hardening programs is injury to the lumbar spine. Most clients were treated and discharged within a 3-week period. More than half of the clients

served returned to their usual and customary jobs. (King PM, "Outcome analysis of work-hardening programs", Am J Occup Ther 1993 Jul; 47(7): 595-603)

Breissner et al conducted a study that was to identify factors that predict successful work hardening outcomes. Two measures of success were used: return to work and case closure (i.e., resolution of medical treatment issues). Persons with spine-related injuries who completed a work hardening program were the subjects. The authors found that three months after program completion, 68% of the subjects had returned to work and 86% had successful case closure. Twelve months after program completion, 77% of the subjects had returned to work and 90% had successful case closure. Subjects' work status and initial time off of the work were factors predicting early return to work, but not 12 months after program completion. (Breissner KL, Saunders RL, McManis BG. "Factors related to successful work hardening outcomes", Phys Ther 1996Nov; 76(11): 1188-201)

Peterson conducted a study to determine the success of a work hardening program that included physical, occupational, and psychological therapies, and to determine if there are nonphysical factors associated with successful work hardening. One hundred medical records of injured workers with low back pain and other musculoskeletal disorders were retrospectively reviewed. Factors examined included months of injury, education level, sex, race, presence of an attorney, prior surgery, pain behaviors, smoking, medication use, and diagnosis severity. Seventy-six percent of the subjects successfully completed the program, and 50% of the subjects were returned to work at discharge. Nonphysical factors that limited successful work hardening were presence of pain behaviors ($p < .01$), attorney representation ($p < .01$), McAndrews score above 70 ($p < .05$), and education less than high school ($p < .05$). The author concluded that the return to work rate for injured workers in this study is comparable to rates of previous studies and that there are nonphysical factors associated with the success of work hardening. (Peterson M. "Nonphysical factors that affect work hardening success: a retrospective study", J Orthop Sports Phys Ther 1995 Dec; 22(6): 238-46).

This patient does not appear to have many factors that would limit the success of the program and appears to be a suitable candidate for a work hardening program.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,